

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1494

CERTIFICATE OF DEATH

REGISTRAR'S NO.

24V

BIRTH NO.

5. 05 OF DEATH AND 33 RESIDENCE 0407	1. PLACE OF DEATH A. COUNTY <u>Grassham</u>		B. LENGTH OF STAY IN THIS TOWN <u>1 day</u> IN ARIZONA <u>56 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Grassham</u>	
	C. CITY OR TOWN <u>Central Ariz</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Central Ariz</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Safford Inn Hosp</u>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>625 Central Ave</u>	
CEDENT PERSONAL DATA 178	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Harry</u> B. (MIDDLE) <u>Welford</u> C. (LAST) <u>Layton</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>W.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
	6B. NAME OF SPOUSE <u>Emilia Layton</u>		7. DATE OF BIRTH MONTH <u>Oct</u> DAY <u>7</u> YEAR <u>1876</u>	8. AGE (IN YEARS, LAST BIRTHDAY) <u>78</u>	IF UNDER 1 YEAR MONTHS <u></u> DAYS <u></u>	IF UNDER 24 HRS. HOURS <u></u> MIN. <u></u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	13. SOCIAL SECURITY NO. <u>None</u>	
355	14A. FATHER'S NAME <u>Christopher Layton</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>		15A. MOTHER'S MAIDEN NAME <u>Septima Sims</u>	
	16. INFORMANT'S SIGNATURE <u>Verna Moody Thatcher</u>		ADDRESS <u></u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 9-55</u>	
	18. CAUSE OF DEATH ENTER ONE OR MORE PER LINK # (A), (B), (C). <u>543</u> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. <u></u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Cerebral Vascular Accident</u> DUE TO (B) <u>Septicemia</u> DUE TO (C) <u></u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>			
ERATIONS AUTOPSY	19A. DATE OF OPERATION <u></u>		19B. MAJOR FINDINGS OF OPERATION <u></u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3/7</u> , 19 <u>55</u> , TO <u>3/9</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>3/9</u> , 19 <u>55</u> AND THAT DEATH OCCURRED AT <u>10 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL TIFICATION	22A. SIGNATURE <u>D. J. Tolan, M.D.</u>		22B. ADDRESS <u>Safford, Ariz</u>		22C. DATE SIGNED <u>3/14/55</u>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u></u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u></u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u></u>	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u></u> M <u></u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u></u>	
DEATH DUE TO EXTERNAL VIOLENCE	24A. CORONER'S SIGNATURE <u></u>			24B. ADDRESS <u></u>		24C. DATE SIGNED <u></u>
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> <u>March 12-55</u> 25B. DATE <u>Central</u> 25C. NAME OF CEMETERY OR CREMATORY <u>Central Ariz</u> 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u></u>					
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>March 14/55</u>		26B. REGISTRAR'S SIGNATURE <u>D. J. Tolan</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>M. D. C. Rawson</u>	
	26C. ADDRESS <u>Safford, Ariz</u>		27B. ADDRESS <u></u>		27C. ADDRESS <u></u>	